

**Office of the Regional Administrator / Region I**

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March 28, 2002

Patricia A. Wilson-Coker, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106-5033

Dear Ms. Wilson-Coker:

I am pleased to inform you that your request to renew your model home and community-based services waiver for individuals with disabilities or mental retardation/developmental disabilities as authorized under the provisions at section 1915(c) of the Social Security Act (the Act) is approved. This waiver renewal is assigned control number 40110.91.R3, which should be used in any future correspondence. A copy of the approved waiver is enclosed.

You submitted your waiver request to continue to provide case management services as part of your renewal. You will continue to provide this service to eligible individuals who would otherwise require the level of care provided in an intermediate care facility for the mentally retarded, or in a nursing facility. You will also continue to waive the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act.

The waiver is currently operating in a 90-day extension period. Based on the assurances and information you have provided, I am approving the State's waiver renewal as requested, effective January 1, 2002.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (1/1/2002 – 12/31/2002)	147		\$173	\$25,431
Year 2 (1/1/2003 – 12/31/2003)	147		\$177	\$26,019
Year 3 (1/1/2004 – 12/31/2004)	147		\$180	\$26,460
Year 4 (1/1/2005 – 12/31/2005)	147		\$184	\$27,048
Year 5 (1/1/2006 – 12/31/2006)	147		\$188	\$27,636

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Andrew R. Perez  
Acting Regional Administrator

Enclosure

cc:

David Parella, DSS

Sharon Guerette, DSS

Mary Jean Duckett, CMS

CT MD-S-270